

PERCUTANEOUS LEFT ATRIAL APPENDAGE (LAA) OCCLUSION; FIRST EVER CASE AT AFIC

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INTRODUCTION

Atrial fibrillation (AF) is the most common sustained heart rhythm disorder¹. Incidence of AF increases with age². The most dreadful complication of AF is stroke, with formidable economic and social implications³. Oral anticoagulant (OAC) therapy with warfarin has been established as the standard for stroke prevention in patients with AF and more than 1 risk factor for stroke⁴. However, not every one can take warfarin due to frequent monitoring of INR and increased risk of bleeding complications. Percutaneous left atrial appendage (LAA) occlusion has come up as an alternative to those who can not tolerate warfarin⁵. Here, we present a case of first ever LAA occlusion in AFIC/NIHD Rawalpindi with ACP (amplatzer cardiac plug) device.

CASE REPORT

A 56 year-old-male, known case of permanent AF, diabetes mellitus, hypertension with H/O ischemic stroke, presented with recurrent bleeding episodes while on warfarin, prompting him to stop the medicine frequently and finding it difficult to maintain desired INR. Consequently, the gentleman was offered percutaneous LAA occlusion. His transthoracic echo was unremarkable except dilated LA (46 mm). Biochemical profile was normal. Pre procedure LAA assessment was performed with transesophageal echo. It also ruled out LA and LAA clot and ensured that inter atrial septum was intact. Femoral approach was adopted for the procedure. Posterior-inferior site for trans-septal puncture was ensured. SR 0 catheter was used to direct pigtail to LAA that was subsequently visualized using contrast agent. Finally, appendage was closed using 24

mm ACP device.

DISCUSSION

The left atrial appendage (LAA) is a 2- to 4-cm tubular structure attached to the left atrium and has been deemed by some to be "our most



Figure: Cardiac catheterization angiogram for LAA closure.

lethal attachment.”⁶ At least 90% of left atrial thrombi are found in the LAA⁷. These observations have led to the concept of LAA exclusion as a means of reducing stroke and other embolic events in AF. However, the technique is not 100 % successful in reducing risk of stroke and might potentially be marred with complication like LAA perforation, pericardial tamponade, stroke or even death⁸. At present, antithrombotic medications remain the standard treatment to prevent stroke in patients with AF. However, percutaneous device closure is recommended to those in whom warfarin is contraindicated.

CONFLICT OF INTEREST

This study has no conflict of interest to declare by any author.

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